PUBLIC HEALTH COUNCIL

Meeting of the Public Health Council, Tuesday, December 18, 2001, 10:00 a.m., Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts. Public Health Council Members present were: Dr. Howard Koh (Chairman), Ms. Phyllis Cudmore, Mr. Manthala George, Jr., Ms. Shane Kearney Masaschi, Ms. Janet Slemenda, and Dr. Thomas Sterne; and Ms. Maureen Pompeo and Benjamin Rubin absent (one vacancy). Also in attendance was Attorney Donna Levin, General Counsel.

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Chairman Koh announced that notices of the meeting had been filed with the Secretary of the Commonwealth and the Executive Office of Administration and Finance, in accordance with the Massachusetts General Laws, Chapter 30A, Section 11A 1/2.

PERSONNEL ACTIONS:

In letters dated December 6, 2001, Katherine Domoto, MD, MBA, Associate Executive Director for Medicine, Tewksbury Hospital, Tewksbury, recommended approval of the appointments and reappointments to the medical staffs of Tewksbury Hospital. Supporting documentation of the appointees' qualifications accompanied the recommendation. After consideration of the appointees' qualifications, upon motion made and duly seconded, it was voted (unanimously): That, in accordance with the recommendation of the Associate Executive Director for Medicine of Tewksbury Hospital, under the authority of the Massachusetts General Laws, Chapter 17, Section 6, the appointments and reappointments of physicians to the medical staffs of Tewksbury Hospital be approved as follows for a period of two years - December 1, 2001 to December 1, 2003:

APPOINTMENTS	STATUS/SPECIALTY	MEDICAL LICENSE NO.
Judy Hurwitz, DPM	Provisional Allied/Podiatrist	2150
Frank Davidson, M.D.	Provisional Consultant Pulmonary Medicine	33520

REAPPOINTMENTS	STATUS/SPECIALTY	MEDICAL LICENSE NO.
Wayne Pasanen, M.D.	Consultant/Internal Medicine	2150
Dov Fogel, M.D.	Affiliate/Psychiatry	156539

In a letter dated December 4, 2001, Blake M. Molleur, Executive Director, Western Massachusetts Hospital, Westfield, recommended approval of a reappointment of a physician (Murray Watnick, M.D.) to the consultant medical staff of Western Massachusetts Hospital. Supporting documentation of the appointee's qualifications accompanied the recommendation. After consideration of the appointee's qualifications, upon motion made and duly seconded, it was voted (unanimously): That, in accordance with the recommendation of the Executive Director of Western Massachusetts Hospital, under the authority of the Massachusetts General Laws, Chapter 17, Section 6, the reappointment of a physician to the consultant medical staff of Western Massachusetts Hospital be approved as follows:

REAPPOINTMENT	**STATUS/SPECIALTY**	**MEDICAL LICENSE NO.**
Murray Watnick, M.D.	Consultant/Radiology	29482

In letters dated November 19, 2001 and December 10, 2001, Paul D. Romary, Executive Director, Lemuel Shattuck Hospital, Jamaica Plain, recommended approval of the appointments and reappointments to the medical and allied health staffs of Lemuel Shattuck Hospital. Supporting documentation of the appointees' qualifications accompanied the recommendation. After consideration of the appointees'qualifications, upon motion made and duly seconded, it was voted (unanimously): That, in accordance with the recommendation of the Executive Director of Lemuel Shattuck Hospital, under the authority of the Massachusetts General Laws, Chapter 17, Section 6, the appointments and reappointments to the medical and allied health staffs of Lemuel Shattuck Hospital be approved as follows:

APPOINTMENTS	**STATUS/SPECIALTY**	**MEDICAL LICENSE NO.**
November 19, 2001 Memo		
Yevgeniy Arshanskiv, M.D.	Consultant Radiology	204156
Brian Downey, M.D.	Consultant Internal Medicine	209725
Sana Johnson-Quijada, M.D.	Consultant Psychiatry	210514
Astride Desrosiers, M.D.	Consultant Psychiatry	78424
Violeta Kelley, M.D.	Active Anesthesiology	35781
Muthoka L. Mutinga, M.D.	Active Gastroenterology	153759
Hicham Nouaime, M.D.	Consultant Psychiatry	209823
Kevin Pho, M.D.	Consultant Internal Medicine	280285
Catherine Pierce, M.D.	Consultant Internal Medicine	60119

Carla Ross, M.D.	Consultant Radiology	79076
Michael Tarnoff, M.D.	Consultant Surgery	210453
Bonnie Zimble, D.M.D.	Consultant Dentistry	17907

APPOINTMENTS **December 10, 2001 MEMO**	**STATUS/SPECIALTY**	**MEDICAL LICENSE NO.**
Sara Carolyn Acker, M.D.	Consultant Psychiatry	210357
Wendy Qui, M.D.	Consultant Psychiatry	210276

REAPPOINTMENTS **November 19, 2001 Memo**	**STATUS/SPECIALTY**	**MEDICAL LICENSE NO.**
Carole Johnson, M.D.	Active Psychiatry	156599
Jean Ramsey, M.D.	Active Ophthalmology	79890

REAPPOINTMENTS **December 10, 2001 Memo**	**STATUS/SPECIALTY**	**MEDICAL LICENSE NO.**
Muhammed Absar, M.D.	Active Psychiatry	152608
Frederick Doherty, M.D.	Consultant Radiology	34487
Alexander Kozlovsky, M.D.	Active Psychiatry	155763
Richard Miller, D.M.D.	Consultant Dentistry	14060
Robert Sarno, M.D.	Consultant Radiology	33484

ALLIED HEALTH PROFESSIONAL REAPPOINTMENTS **November 19, 2001 Memo**	**SPECIALTY**	**MEDICAL LICENSE NO.**
Janet Guilfoyle, PA-C	Allied Health Professional	593
Marcia Sommer-Winfrey	Allied Health Professional	198

In a memorandum dated December 5, 2001, Howard K. Koh, Commissioner of Public Health, recommended approval of the appointment of Stanley E. Nyberg to Administrator VIII (Registrar, Vital Records and Statistics). Supporting documentation of the appointee's qualifications accompanied the recommendation. After consideration of the appointee's

qualifications, upon motion made and duly seconded, it was voted (unanimously): That, in accordance with the recommendation of the Commissioner of Public Health, under the authority of the Massachusetts General Laws, Chapter 17, Section 6, the appointment of Stanley E. Nyberg to Administrator VIII (Registrar, Vital Records and Statistics) be approved.

PROPOSED REGULATIONS:

INFORMATIONAL BRIEFING REGARDING AMENDMENTS TO 105 CMR 170.000: EMERGENCY MEDICAL SERVICES SYSTEM; 105 CMR 171.000: MASSACHUSETTS FIRST RESPONDER TRAINING; AND 105 CMR 172.000: RELATING TO THE REPORTING OF INFECTIOUS DISEASES DANGEROUS TO THE PUBLIC HEALTH:

Ms. Louise Goyette, Director, Office of Emergency Medical Services, accompanied by Attorney Tracey Miller, Deputy General Counsel, Department of Public Health, presented the Informational Briefing on Amendments 105 CMR 170.000, 171.000 and 172.000 to the Council. They noted the following:

"The proposed amendments implement two additional elements of 'EMS 2000': service zone planning for organizing local emergency medical services (EMS) resources and delivery and EMS first response. The amendments include other changes for improving program administration such as new reporting requirements for ambulance services, amending the EMT certification fee language to allow for private vendor administration of the written state EMT certification exam, adding new definitions and provisions to reflect current standards in EMS practice and EMT and first responder training. Local jurisdictions must be covered by a Department-approved service zone plan by July 1, 2004. The proposed regulations define the minimum elements of service zone plans, including an inventory of EMS and public safety resources, a process for designating EMS service zone providers, the recommended service zone providers, a medical oversight plan and an operational plan for coordinating and making optimal use of all licensed EMS services for emergency response. The regulations also provide authority for private providers to continue to service contracts with facilities within the service zone. The regulations establish the review and approval process for these service zone plans. Finally, the key regulatory provision requiring services to dispatch, treat and transport is amended to tie these duties to service zone plan requirements."

Staff continued, "The proposed regulations allow EMS first response to be licensed at the first response level, basic life support (BLS), advanced life support (ALS) Intermediate or Paramedic levels. A licensed ambulance service may provide EMS first response service at the same level of service as its ambulance license, or at a lower level, without a separate license. Fees are proposed for licensure and inspection, which reflect the Department's costs. Inspection of EMS first response vehicles is limited to the EMS equipment and supplies on the vehicle. The proposed regulations require EMS first response services to ensure that their EMS first responders maintain current Department certification. EMTs who work for these services need only maintain certification as EMTs. EMS first responder functions are proposed to include rendering first aid, performing CPR and using automatic external defibrillators (AEDs). EMS first responder minimum training requirements include current first responder training and

refresher training and any other training defined by the Department. To prevent disruption of EMS services, the proposed regulations require that services submit to the Department, the relevant Regional EMS Council and the service zone, a 90-day notice and a plan to prevent disruption prior to termination of services or a change in the level of service to a community or service zone. Advance notice and a plan for preventing disruption is required for temporary cessation or interruption of EMS services. The proposed regulations include a serious incident reporting requirement, modeled after a similar requirement in the Department's hospital licensure regulations. Finally, the proposed regulations require ambulance services to report to the Department delays of 30 minutes or longer experienced by an ambulance and its crew in transferring patient care to appropriate health care facility personnel. The proposed regulations amend the EMT certification fees, in anticipation of the phased implementation, beginning in February 2002, of EMT written exam administration by a private vendor. Under the proposed regulations, an EMT applicant who takes either the whole EMT exam or a portion of it from the private vendor will pay no exam fees to the Department, only a flat $75.00 certification fee. When the transfer of all EMT exam administration to the private vendor is complete, all EMT applicants will pay the Department a flat $75.00 certification fee. At that point, the Department's exam fee schedule will be eliminated…The regulations include additional definitions. 'Trip Record' is defined to clarify when a record must be completed and the minimum information that must be included. There is also a definition for 'appropriate health care facility', a term used throughout EMS 2000. The proposed regulations include a definition for 'regular operating area' with respect to ambulance and EMS first response services. The proposed regulations include updates to reflect current practice and training of EMS personnel and first responder:

- Update the AEDs and AED use, to reflect their status as standard equipment for licensed ambulance services and a standard skill for EMS personnel.

- To keep up with changes in the Statewide Treatment Protocols, the proposed regulations broaden an existing, epinephrine-specific provision to require services below the advanced life support level have in place an appropriate memorandum of agreement with a hospital for medical control before their EMS personnel can administer any medication authorized under the protocols.

- The requirement to keep EMS vehicles in a garage is retained it is amended to include vehicle readiness performance standards.

- There are proposed amendments to the first responder training regulations to distinguish first responder agencies and first responders from licensed EMS first response services and certified EMS first responders, and to reflect current practices and standards.

- There is an added standard for optional epinephrine auto-injector training and use by first responder agencies and first responders, subject to a service zone plan.

- There are proposed amendments for reporting of infectious diseases dangerous to the public health, 105 CMR 172.000, to add references to EMS first response services, EMS first

responders and the new trip record definition.

Staff intends to hold two public hearings in late January to receive comments on these proposed regulations.

NO VOTE/INFORMATION ONLY

INFORMATIONAL BRIEFING REGARDING AMENDMENTS TO 105 CMR 700.000: IMPLEMENTATION OF c.94C:

Mr. Grant Carrow, Director, Drug Control Program, presented the proposed amendments to 105 CMR 700.000 to the Council. Mr. Carrow noted, "…It is our intention to proceed to public hearing on proposed changes to 105 CMR 700.000: Implementation of M.G.L.c.94C. These changes are necessary to maintain consistency with the changes that the Office of Emergency Medical Services (OEMS) is proposing to make to its regulations 105 CMR 700.000 which govern registration of persons for controlled substances, and is implemented by the Department's Drug Control Program. The public hearings on both sets of proposed regulations would take place at the same time. The proposed changes follow:

- The definitions in 105 CMR 700.000 need to be brought up to date. In particular, the draft definitions include the category of "EMS First Responder" that was created in the "EMS 2000' statute. The draft also makes appropriate cross-reference to 105 CMR 170.000 for other definitions.

- The proposed OEMS regulations would authorize first responder services to permit their first responders to administer epinephrine auto-injectors ("EpiPens"). Since M.G.L.c.94C requires registration for the possession and administration of controlled substances, the Drug Control Program would begin registering these services. As in the proposed OEMS regulations, first responders would only be allowed to administer epinephrine auto-injectors, and would not be authorized to administer any other controlled substances.

- The proposed regulations retain the current requirements that only EMT-Paramedics or paramedic students may administer drugs in schedules other than Schedule VI, and that all other EMS practitioners are restricted to administering those substances in Schedule VI that have been approved by the Department. First responders, EMT paramedics, paramedic students, and all other EMS practitioners will be required to have appropriate training to administer controlled substances.

It was noted that current regulations require EMS services to obtain their controlled substances from hospital pharmacies. Because not all hospitals stock epinephrine auto-injectors, the proposed changes to the regulations allow these to be obtained directly from the manufacturer or distributor, or from another source that is registered by the Department under M.G.L.c.94C. In addition, the Drug Control Program intends to hold public hearings on these proposed changes to 105 CMR 700.000 in conjunction with the public hearings of the Office of Emergency Medical Services on its proposed regulations.

NO VOTE/INFORMATION ONLY

DETERMINATION OF NEED PROGRAMS - CATEGORY 1 APPLICATIONS:

PROJECT APPLICATION NO. 4-3987 OF CARITAS NORWOOD HOSPITAL, INC. – TO ADD 20 LOCKED ADULT PSYCHIATRIC BEDS TO ITS EXISTING 20-BED LOCKED ADULT PSYCHIATRIC UNIT:

Ms. Holly Phelps, Program Analyst, Determination of Need Program, presented the Caritas Norwood Hospital, Inc. to the Council. Ms. Phelps said in part, "…Caritas Norwood Hospital is requesting DoN approval for 20 locked adult psychiatric beds that they have been operating under a 308 exemption. The addition of these 20 beds adds to Caritas Norwood's existing 20 adult psychiatric beds for a total of 40 beds. The addition of these 20 beds and the opening of them was designed to coincide with the closure of 40 psychiatric beds at Caritas Southwood. So, there are no beds being added to the system as a consequence of this project. The project meets the Department's guidelines for locked adult psychiatric services. It enables Caritas Norwood to meet a condition of approval of its transfer of ownership to Caritas Christi in 1997. That condition was that both hospitals would maintain their mental health services. The community group that was active in giving input at that time of the transfer of ownership, the Neponset Valley Community Health Coalition, has sent a letter of support for this project, as has the Department of Mental Health. The staff is recommending approval of the project with the conditions listed in the staff summary."

Chairman Koh added, "From a statewide perspective, we are all concerned that the capacity of the state for inpatient psychiatric beds is being threatened. Anyway that we can try to bolster this capacity is a positive step as far as public health is concerned." Dr. Thomas Sterne, Council Member added further, "I want to amplify the Commissioner's observation and comment about psychiatric beds in the state in particular, Caritas' application notwithstanding and not directly relevant to that. It's clear that the state faces a psychiatric bed challenge for both adults and children. It is clear that the challenge will be even worse if pending closures for psychiatric beds at other institutional locations move forward. It is not an accident that this is the case. Funds to support care in psychiatric inpatient locations are inadequate to cover expenses. And the main reason that institutions in financial difficulty look to that sector of their work early as a means of attempting to rectify a difficult financial situation is because of that reality. In the same way that we are looking to approve need for Caritas Norwood or later for the growth in need based on population demands in the Milford area, I would encourage the locations that make budgetary and funding decisions in the state about mental health care to consider the under-funding of those beds to be, in many ways, discriminatory relative to the health needs of that population."

Dr. Sterne continued, "I'm sorry the Senator actually isn't here anymore. But I would implore the Senator, in the same way that he's quite supportive of expansion of resources in his own geographic area, to consider the potential that he has for working towards supporting this generic need statewide."

The applicant did not address the Council but was available for questions. No question asked.

After consideration, upon motion made and duly seconded, it was voted: (unanimously) to approve **Project Application No. 4-3987 of Caritas Norwood Hospital, Inc.**, a summary is attached and made a part of this record as **Exhibit No. 14,724,** based on staff findings, with a maximum capital expenditure of $950,000 (August 2000 dollars) and first year operating costs of of $3,547,822 (August 2000 dollars). As approved, the application provides for the addition of 20 locked adult psychiatric beds to its existing 20-bed locked adult psychiatric unit located on the third floor of Caritas Norwood Hospital's Draper Building at 800 Washington Street in Norwood, for a total locked adult psychiatric bed complement of 40 beds. This Determination if subject to the following conditions:

1) The applicant shall accept the approved maximum capital expenditure of $950,000 (August 2000 dollars) as the final costs figure except for those increases allowed pursuant to 105 CMR 100.751 and 752.

2) The approved gross square feet (GSF) for this project shall be 9,900 GSF for renovation.

3) The applicant shall, upon project implementation, submit signed formal affiliation agreements, which document a continuum of care including discharge and referral sources.

4) The applicant shall, upon implementation, apply to the Massachusetts Behavioral Health Partnership for a provider agreement to assure access to the proposed services for MassHealth patients.

5) The Applicant shall contribute 100% in equity ($950,000 in August 2000 dollars) to the final approved maximum capital expenditure.

6) The applicant shall have in place the following elements of a professional interpreter service:

a) A paid, full-time Coordinator of Interpreter Services who shall coordinate all interpreter services for Caritas Norwood Hospital and its satellite facilities in Norfolk, Foxboro, and Weymouth. This Coordinator shall also provide Spanish interpreting to the Latino population of the service area.

b) The Coordinator of Interpreter Services shall organize periodic training for interpreters on medical terminology and interpreting skills and for health care providers on working effectively with interpreters, and on clients' cultures and health belief systems.

c) A system for monitoring the primary language of outpatients and inpatients of the hospital and for monthly compiling those statistics for the purpose of evaluating the adequacy of the service.

d) A system for tracking requests for interpreter services and the hospital's response to these requests.

e) Provision of interpreter services by paid, well-trained interpreters for the non-English languages spoken in the service area on an on-call basis for 24 hours a day for in- and out-

patient services, including ancillary services such as laboratory and x-ray.

f) The LanguageLine services shall be utilized only as a last resort when no interpreters are available. An easy-to-use protocol to help hospital staff quickly access the line shall be developed, and fine-turned.

g) There shall be publicity on the availability of the service within the hospital and in the Community. Community input shall be sought for the development of the service.

7) A plan for interpreter services enhancement shall be submitted prior to implementation to the Director of the DoN Program and the Director of the Office of Refugee and Immigrant Health, within 180 days of DoN approval. Progress reports shall be submitted yearly on the anniversary date of the DoN approval.

Staff's recommendation of approval was based on the following findings:

1) The applicant is proposing the addition of 20 locked adult psychiatric beds previously located at Caritas Southwood Hospital to its existing 20-bed locked adult unit on the third floor of Caritas Norwood's Draper Building for a total of 40 beds.

2) The health planning process for this project was satisfactory.

3) Consistent with the Guidelines for the Conversion of Acute Care Beds to Inpatient Psychiatric Services adopted by the Public Health Council on September 20, 1989 (Guidelines), the applicant has demonstrated need for the 20 locked adult psychiatric beds, as discussed under the health care requirements factor of the staff summary.

4) The project, with adherence to certain conditions, meets the operational objectives factor of the Guidelines.

5) The project, with adherence to a certain condition, meets the standards compliance factor of the Guidelines.

6) The recommended maximum capital expenditure is reasonable compared to similar, previously approved projects.

7) The recommended incremental operating costs are reasonable based on similar, previously approved projects.

8) The project is financially feasible and within the financial capability of the applicant.

9) The project meets the relative merit requirements of the Guidelines.

10) The Department of Mental Health submitted a letter of support for the proposed project.

11) The Division of Health Care Finance and Policy submitted no comments on the proposed project.

12) The community health service initiatives factor is waived by the Department.

PROJECT APPLICATION NO. 2-3A02 OF MILFORD-WHITINSVILLE REGIONAL HOSPITAL, INC.:

For the record, Senator Moore was heard out of turn by the Council earlier in the meeting to testify. Senator Richard Moore, Chairman, Health Care Committee testified on behalf of Whitinsville Regional Hospital. He said in part, "…The greater Milford area, the Blackstone Valley and the Franklin area is, after Cape Cod, the second fastest growing region in the Commonwealth and has grown in the last decade to the point where a new house district has been created in the House Redistricting Plan. I'll quote a part of the hospital report, 'While the hospital has undergone various renovations and additions over the years, portions of its physical plan are outdated. In particular, the combination of increased special requirements for modern medical equipment and existing physical plan limitations threaten to undermine the hospital's charitable mission. In addition, the hospital's current licensed medical-surgical bed capacity is no longer sufficient to meet the needs of its service area. The lack of medical surgical beds now poses a threat to the health of the community served by the hospital.'"

Senator Moore said further, "What concerns me as a Senator who represents the area and as Chair of the Committee on Health Care is that to allow a hospital that has an outstanding reputation to have to suffer less than adequate facilities to deal with a burgeoning population and a sicker population I think overall, too, as we are facing across the state, would be most unfortunate. I certainly would urge the Council to move forward with this application. I think the hospital has demonstrated sound financial operation and the ability to raise funds for the addition. I think it will be able to do so in a cost-effective and financially sound basis, and one that will improve the facilities and maintain the high level of care that they have been able to provide now for almost a century. I would strongly recommend that application…."

Mr. Jere Page, Senior Program Analyst, Determination of Need Program, presented the Milford-Whitinsville Regional Hospital Project to the Council. He said in part, "…The applicant, Milford-Whitinsville Hospital, is before the Council seeking approval for new construction and renovation at the hospital's campus in Milford. The new construction involves a new three-story building to increase the hospital's medical/surgical bed capacity from 75 to 87 beds, add two operating rooms, and expand obstetrics intake and triage, the newborn nursery, and central sterile supply. The project also involves additional new construction for a one story addition over the hospital's existing mechanical room to relocate and expand the kitchen and cafeteria, and renovation of the existing Labor-Delivery-Recovery-Postpartum unit to add more private bedrooms, as well as convert space for office and storage use. All this is intended to correct a number of functional and physical deficiencies that hinder the hospital's current ability to meet the needs of its patients, as well as accommodate changes in medical equipment and technology to provide state-of-the-art services. The recommended maximum capital expenditure is $30 million, which will be financed through a $5 million equity contribution from the hospital, as well as a tax-exempt bond issue from the Massachusetts Health and Education Facilities

Authority, which will finance the remaining $25 million of the capital expenditure. You should note that the funding for community health initiatives associated with this project is substantial. A total of $1,025,000 will be provided over five years for various community programs in the hospital's service area involving adolescent health, interpreter services, mental health, as well as the local CHNA priorities concerning teen health and violence prevention programs, and direct financial support for the CHNA's administrative functions. In conclusion, we are recommending approval of the project with the conditions which are listed on pages 13 through 15 of the staff summary."

Mr. Frank Saba, President, CEO of Milford-Whitinsville Regional Hospital, addressed the Council, "We are pretty excited about the situation down at Milford Hospital. Despite all the significant challenges that we face these days in the hospital industry, we have done pretty well and had some very successful years the last several years. I think our success down there is largely due to the terrific group of physicians, two of whom are with me today, that we have at Milford, and to a very dedicated staff, also to a philosophy that we have tried to stick to through the years, and that is trying to do the basics well of a community hospital and focusing on service and growth. I think, unfortunately, because of the success of our growth strategy down there, we have now run into some really serious problems, we feel, with capacity. Actually, as I was thinking about this last night, there's really four forces that I think have converged at the same time at Milford creating these capacity problems. The first is the incredible population growth down in the South Worcester County. We have seen a tremendous increase in both commercial and residential properties down along the 495 corridor, with lots of new families and businessess moving into the area. The second reason is the increase in our medical staff, particularly in the primary care areas. We have been very fortunate to attract some terrific primary care doctors down to Milford. Our staff has grown by leaps and bounds over the last several years. The third reason is the shortcomings of managed care as they relate to the utilization of services. They had ideas about keeping folks out of emergency rooms and keeping stays short in the hospital and so forth. Some of those measures have worked but others have not. Lastly, the closures and consolidations of hospitals in and around our area have poured a lot of patients into the Milford Hospital service system. We have had closures, for example, down at the Southwood Hospital in Norfolk, MA, which is in our service area. There have been multiple closures and consolidations of the hospitals in Worcester. And part of our service area overlaps with that area as well. These forces have put a lot of pressure on all of our resources, particularly the emergency room, which you will hear about shortly from Kate and on our inpatient medical and surgical capacities. The proposed project will absolutely help us to deal with those forces. If we are able to move forward with this project, we feel very confident we can better address the needs of the growing population in our area. We can decompress the overwhelming ER volume and avoid diversion. In closing, I just would like to thank you again for careful consideration of this proposal."

Dr. William Muller, President of Medical Staff, Milford-Whitinsville Regional Hospital addressed the Council next. He said, "…My health center actually is a division of the UMass Memorial System. Even though, I am a UMASS Memorial employee, I am a Milford Hospital doctor and President of the Medical Staff in Milford…Our health center has grown to 16 physicians, a major admitter to the Milford Hospital. And I think it's been a catalyst to the growth of the staff. Certainly, I think the alliance with UMass Memorial has been an important

part of the success story as well. Many of the primary care physicians that we succeed in recruiting are people that we actually participated, to a large degree, in their training…The region is very different from what I experienced in 1979. The medical staff has tripled…Our strategy has really been one of growth and keeping our eye on the ball in terms of what the core services we really need to offer were, supplemented by a stategic alliance with a large academic medical center in Worcester. I think we have succeeded and many of the challenges we face are really directly derivative of that success…We are now at a point where capacity issues are a big issue. We are geographically relatively remote. In fact, we don't have other hospitals to which we can easily divert patients. For the most part, physicians on our staff admit only to our hospital. They don't have admitting privileges elsewhere. We are strongly supportive of the plan to expand the facility."

Dr. Katherine Burke, M.D., Medical Director of Emergency Services, Milford-Whitinsville Regional Hospital, testified to the Council on behalf of Milford-Whitinsville Regional Hospital. She said in part, "…Basically, diversion and crowding is an issue facing all of you directly in the eye, and all of our patients as well. Milford-Whitinsville is geographically isolated. It's approximately 30 minutes from any other hospital around us by ambulance for all of our patients. Consequently, we have been on diversion for less than two hours in about the past six years. This is a story that is quite different than many other facilities that have come before you to talk about the problem. Part of our solution in dealing with the problem of crowding because of our growth in the area, is basically following your guidelines, the best practice guidelines that have been promulgated by yourself and DPH, along with the Mass. Hospital Association, and incredible support from my medical staff and our administration, our nursing staff, our housekeeping staff, all of the individuals who make our hospital work, and an understanding from our patients in the community that by us working together we can keep our patients at Milford and continue doing the basics well. Our patients want to stay with us at Milford Hospital for many, many reasons. In my opinion, good health care provided locally sometimes can be the best health care. Following all of these best practices guidelines, we basically have hit the situation where we are at full capacity in almost a constant situation. All of you know that boarding patients in the emergency department and sending patients off in ambulances being diverted from one facility to another does not provide the best care for our patients. Consequently, we are here asking you to help us create a solution for our system that will also be helpful to other hospitals. A couple of years ago, I could call ten hospitals surrounding us within approximately a 50-minute ride, and we would be able to find a bed for one of our patients. Now, this is an uncommon experience. I call my colleagues at these hospitals and we are unable to find beds for our patients who need admission because these hospitals are crowded and they have tens and tens of patients waiting in their ERs, and they are also on diversion."

Council Member Manthala George, Jr., added, "I thought their presentation was so professional and so thorough, and so refreshing….I move approval of the recommendation."

After consideration, upon motion made and duly seconded, it was voted: (unanimously) to approve **Project Application No. 2-3A02 of Milford-Whitinsville Regional Hospital, Inc**., a summary is attached and made a part of this record as **Exhibit No. 14,725**, based on staff findings, with a maximum capital expenditure of $30,000,000 (July 2001 dollars) and first year operating costs of $11,510,565 (July 2001 dollars). As approved the application provides for

new construction of a three (3) story addition to increase the Hospital's medical/surgical bed capacity from 75 to 87 beds, add two operating rooms, expand obstetrics intake & triage, the newborn nursery, and central sterile supply. Additional new construction of a one (1) story vertical expansion over the Hospital's exiting mechanical room is designed to relocate and expand the existing kitchen and cafeteria. In addition, the project includes extensive renovation of the Hospital's existing Labor-Deliver-Recovery-Postpartum unit (LDRP) on the second floor of the 1962 Building to add more private bedrooms, as well as convert existing space for office and storage use. This Determination is subject to the following conditions:

1) The applicant shall accept the maximum capital expenditure of $30,000,000 (July 2001 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.751 and 752.

2) The applicant shall contribute 16.6% in equity ($5,000,000 in July 2001 dollars) to the final approved MCE.

3) The total gross square feet (GSF) for this project shall be 58,000: 54,500 GSF for new construction of a three (3)-story addition to increase the Hospital's medical/surgical bed capacity from 75 to 87 beds, add two operating rooms, expand obstetrics intake & triage, the newborn nursery, and central sterile supply. The GSF for new construction will also include a one (1)-story vertical expansion over the Hospital's existing mechanical room in order to relocate and expand the existing kitchen and cafeteria. The project will also include 3,500 GSF for extensive renovation of the Hospital's existing Labor-Delivery-Recovery-Postpartum unit (LDRP) on the second floor of the 1962 Building to add more private bedrooms, as well as convert existing space for office and storage use.

4) The applicant shall provide a total of $1,025,000 (July 2001 dollars) over a five-year period to fund the following community health service initiatives:

a) <u>Adolescent Program</u>

- $200,000 will be provided to establish an appropriate space at the Hospital consisting of ten (10) to twelve (12) exam rooms, a conference/exercise/activity area, two (2) to three (3) consultation rooms, treatment rooms, three (3) to four (4) provider offices, a nurses station, a lobby/waiting area, storage space, bathrooms and parking.

- $450,000 will be provided over five years at $90,000 per year to staff the Adolescent Program, which will include one FTE adolescent medicine physician, a part-time pediatrician, a female nurse practitioner, a male nurse practitioner or physician assistant, a per diem nurse practitioner or medical assistant, a rotating medical specialist, and other ancillary staff including LPNs, medical assistants and a receptionist. A person from the Adolescent Program should become an active member of CHNA #6 in order to provide continuous linkages and ongoing updates to Community Partners for Health.

- $50,000 will be committed over five years at $10,000 per year to fund community-based wellness and prevention programs, which will include support groups for eating disorders, substance abuse, grief counseling, teen sexuality issues, teen pregnancy and anger management, as well as programs involving fitness, nutrition, and violence prevention education.

b) Interpreter Program – A total of $90,700 will be provided over five years at $18,140 per year to support and enhance the growing interpreter program at the Hospital as well as provide a pool of interpreters available to communities in the Hospital's service area. The individual who manages the Hospital's interpreter program shall become an active member of the CHNA in order to provide continuous linkages and ongoing updates to Community Partners for Health.

c) Mental Health - A total of $90,000 will be provided over five years at $18,000 per year to fund the development of mental health programs approved by the Community Partners for Health that provide services that address depression, provision of mental health services to underserved populations such as the elderly, youth, homebound individuals, the disabled, and non-English speaking individuals. Community Partners for Health will also establish criteria and distribution of this funding over the five-year period.

d) General Health Issues – A total of $29,000 will be provided over five years at $5,800 per year to fund community-based prevention programs that address respiratory and pulmonary health. Community Partners for Health will oversee the distribution of funding over the five-year period.

e) CHNA #6 Priorities – A total of $64,000 for CHNA priorities will be provided over 5 years as follows: $6,000 will be provided beginning in 2002, $12,800 in 2003, and $15,066 for each of the remaining three years (2004, 2005, and 2006). These funds will be distributed through community grants to expand existing Greater Milford area teen health and violence prevention programs. Community Partners for Health will seek proposals that address these issues and will establish criteria for the community grants, as well as distribute the funds to diverse community agencies and grass roots organizations.

f) Staff Support and Administrative Costs – A total of $30,000 will be provided over 5 years at $6,000 per year commencing in 2002 for the cost of administrative supplies, postage, and an administrative support person to assist in managing the goals, activities, and general functioning of Community Partners for Health (CHNA #6). This will involve approximately 30 hours per month of administrative support that will allow more time for members of Community Partners for Health to work at expanding CHNA initiatives. An additional $21,300 over five years at $4,260 per year commencing in 2002, will be provided to Community Partners for Health to cover additional overhead expenses.

Staff's recommendation of approval is based on the following findings:

1) Milford-Whitinsville Regional Hospital, Inc. is proposing new construction of a three (3)-story addition adjacent to the Hospital's existing Gannett Building to increase the Hospital's

existing medical/surgical bed capacity from 75 beds to 87 beds, add two operating rooms, and expand obstetrics intake & triage, the newborn nursery, and central sterile supply. Additional new construction of a one (1)-story vertical expansion over the Hospital's existing mechanical room is designed to relocate and expand the existing kitchen and cafeteria. In addition, there will be extensive renovation of the Hospital's Labor-Delivery-Recovery-Postpartum unit (LDRP) on the second floor of the 1962 Building to add more private bedrooms, as well as convert existing space for office and storage use.

2) The health planning process for the project was satisfactory.

3) The proposed new construction and renovation is supported by current and projected utilization, as discussed under the Health Care Requirements factor of the Staff Summary.

4) The project, with adherence to a certain condition outlined under the Community Health Initiatives factor, meets the operational objectives factor of the DoN Regulations.

5) The project, with adherence to a certain condition, meets the standards compliance factor of the DoN Regulations.

6) The recommended maximum capital expenditure of $30,000,000 (July 2001 dollars) is reasonable compared to similar, previously approved projects.

7) The recommended operating costs of $11,510,565 (July 2001 dollars) are reasonable compared to similar, previously approved projects.

8) The project is financially feasible and within the financial capability of the applicant.

9) The project meets the relative merit requirements of the DoN Regulations.

10) The proposed community health service initiatives, with adherence to a certain condition, are consistent with the DoN Regulations.

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The meeting adjourned at 10:45 a.m.

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Howard K. Koh, M.D.,Chairman

LMH/lmh